

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: State University of New York College at Fredonia

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Karen S. Klose

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
State University College at Fredonia, 711 Maytum Hall, Central Avenue,
Fredonia, New York 14063

Telephone Number of Designated Agent: 716-673-4670

Facsimile Number of Designated Agent: 716-673-3266

Email Address of Designated Agent: copyright@fredonia.edu

Signature [Signature] **of the Designating Service Provider:**
Date: August 23, 1999

Typed or Printed Name and Title: Karen S. Klose, Associate Vice President for Information Technology Services, Interim

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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